



Tasmanian Department of Health and Human Services

Agency Health Professional Reference Group

Allied Health Professional Workforce Planning Group

Allied Health Professional Workforce Planning Project

Dental Therapy Information

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3 Preface

This Dental Therapy Information should be read in conjunction with the main Allied Health Professional Workforce Planning Project Discussion Paper.

4 Overview

Dental therapists examine and provide routine treatment of clients' teeth and also help to promote preventative dental practices amongst school children and the broader community.

There are training institutions for dental therapists in Victoria, Queensland, South Australia and Western Australia. There is no undergraduate education for dental therapists in Tasmania. Most DHHS dental therapists hold a diploma level qualification.

There are interstate re-entry programs for dental therapists who have been out of the workplace.

Dental therapists were employed in Oral Health Services in Primary Health in the Community, Population and Rural Health Division in DHHS.

As at 21 March 2002, there were 58 dental therapists employed in 49.67 FTE positions. It required 1.2 dental therapists to fill one FTE position.

Dental therapists were employed in PF1 positions, apart from two dental therapists who held PF3 positions.

Females comprised 96 per cent of the DHHS dental therapy workforce.

The median age of the Tasmanian dental therapy workforce was 42 years, which was the same as the median age of all DHHS allied health professionals.

In the years 2000 and 2001, an average of one dental therapist left the DHHS per year and an average of 0.5 DHHS dental therapy positions were advertised per year. At two per cent per year, dental therapy had one of the lowest average turnover rates per headcount of all the allied health professions, in those two years.

There were four DHHS dental therapy positions that were vacant for at least six months in 2001. These included 0.12 FTE in the south and 3.38 FTEs in the north west.

The Commonwealth Department of Employment and Workplace Relations reported that the national demand for dental therapists is average and unemployment for dental therapists is low.

There are a number of factors that could effect the demand for DHHS dental therapists over the next decade:

- the demographics of the Tasmanian community. The number of children under 18 years is predicted to decline by approximately three per cent by 2011.

- Commonwealth and the Tasmanian government expenditure on oral health services. The demand for oral health services is high in the state. Tasmanian children, along with those in Victoria, have the poorest oral health status of all Australian states and territories and Tasmanian adults have the highest levels of loss of all natural teeth; amongst people with their own teeth, the highest average number of missing teeth; and the greatest use of dentures.
- national shortages of dentists. There is an Australia wide shortage of dentists in both the public and private sectors and especially in rural areas. The numbers of dentists across Australia are predicted to continue to decline from the current level of 43 per 100,000 population to 33 per 100,000 in 2021.

A number of workforce planning issues specific to the DHHS dental therapy workforce were highlighted through consultations with the professional organisation and DHHS staff:

- apparent inconsistencies in the staff to workload ratios of dental therapists across the state. Currently there is no electronic system used to capture data on the workloads of dental therapists. Electronic data entry of staff activity and patient care data could assist with the analysis and management of staff workloads and internal and external benchmarking.
- expansion of the roles of DHHS dental therapists to include the provision of care to adults and to be able to also take up employment in the private sector. Under the Tasmanian Dental Practitioners Registration Act 2001, dental therapists can provide care 'within the scope of their training, acquired skills and competencies' as provided for by the Act and the Dental Code. Dental therapists can be employed in the public or private sectors and can work as independent practitioners in their own practices. They are not required to be under the direction of dentists, but are required to establish formal referral arrangements with dentists to refer clients on, if the client requires care beyond the skill levels of the dental therapist.
- the potential to obtain a list of non-practicing, but registered dental therapists, and to ascertain reasons for non-practice and the need for re-entry education. Since 1 April 2002, dental therapists have been required to register with the Dental Registration Board of Tasmania.
- the lack of dental assistants to support dental therapists. Dental therapists in DHHS are the only therapists in Australia expected to work without an assistant. Representatives of the Australian Dental Therapy Association felt that this was a great safety and quality concern.
- continuing professional development. From information obtained during the project, it could be seen that the availability and distribution of CPD for dental therapists emerged as an issue that needs to be addressed by the DHHS.

5 Description of the dental therapy profession

Dental therapists examine and provide routine treatment of clients' teeth and also help to promote preventative dental practices amongst school children and the broader community.

The public sector oral health services are the major employers of dental therapists. They work in fixed and mobile clinics promoting oral health care to children from pre-school to Year 10. Career opportunities include progression to senior dental therapist or oral health therapist positions coordinating health promotion activities in state-wide dental health services, and positions in research and teaching.

A dental therapist works in a particular geographical area and is responsible for visiting a number of local schools on a regular basis.

The registration of dental therapists with the Dental Registration Board of the Tasmania commenced on 1 April 2002.

5.1 Descriptions of related dental occupations

5.1.1 Dentists

Dentists (or dental practitioners) diagnose and treat diseases, injuries and abnormalities of teeth and gums, undertake preventive procedures, conduct surgery and perform other specialist techniques.

5.1.2 Dental assistants

Dental assistants prepare patients for oral examination and assist other dental workers, such as dentists, dental therapists and dental hygienists, in providing treatment to the teeth, mouth and gums. Dental assistants also carry out chair-side and receptionist duties.

5.1.3 Dental hygienists

Dental hygienists use preventive, educational and therapeutic methods for controlling oral diseases to help individual patients and groups achieve and maintain oral health. Dental hygienists have a more restricted role than dental therapists and work under the supervision of a dentist.

5.1.4 Dental technicians

Dental technicians construct and repair dentures and other dental appliances, including crowns and bridges. Dental technicians work closely with dentists and dental prosthetists (clinical dental technicians). Dental technicians usually have no direct contact with patients unless they undertake further study to qualify as dental prosthetists.

(Commonwealth Department of Education, Science and Training 2002)

6 Workforce supply

6.1 Current supply of dental therapists

6.1.1 Demographics of the DHHS dental therapy workforce

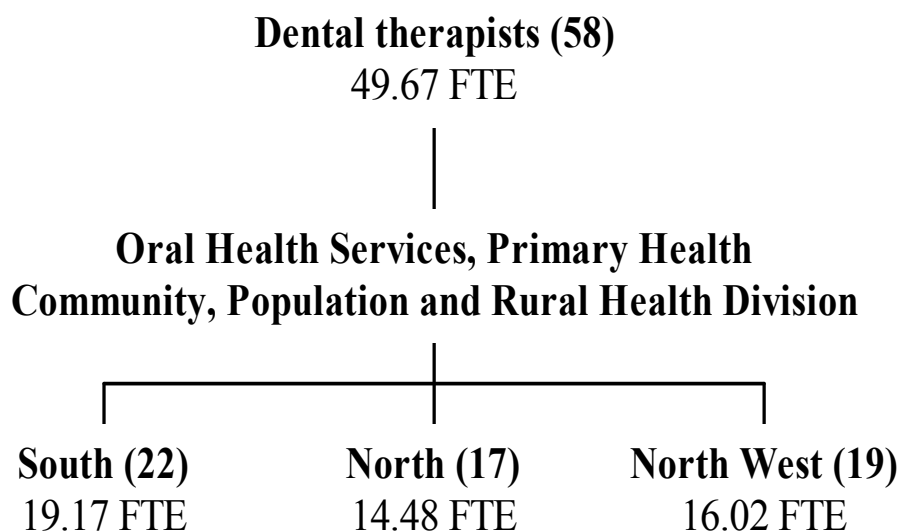
6.1.1.1 Human Resource Services Information System data

Data on the DHHS dental therapy workforce from the DHHS Human Resource Services Information System (as at 21 March 2002) has been displayed graphically. The information displayed in these graphs represents all dental therapy positions within DHHS regardless of whether they were filled or vacant at the time of the analysis.

There were 58 dental therapists employed in a mix of full time and part time dental therapy positions (49.67 FTEs) in DHHS. It required 1.2 dental therapists to fill one FTE position.

As displayed in Figure 1, dental therapists were employed in the Community, Population and Rural Health Division.

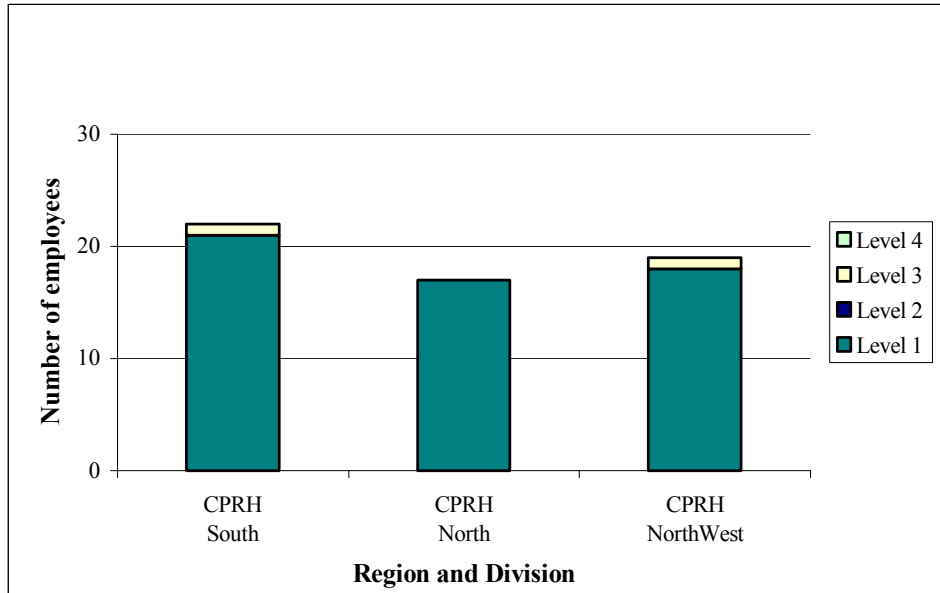
Figure 1: Division and service structure of dental therapists employed within DHHS (headcount in brackets)



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

Figure 2 displays the award distribution of dental therapists across the regions of Tasmania. There were two PF3 dental therapists employed in Tasmania, one working in the south and one working in the north west. All other dental therapists were employed at the PF1 level.

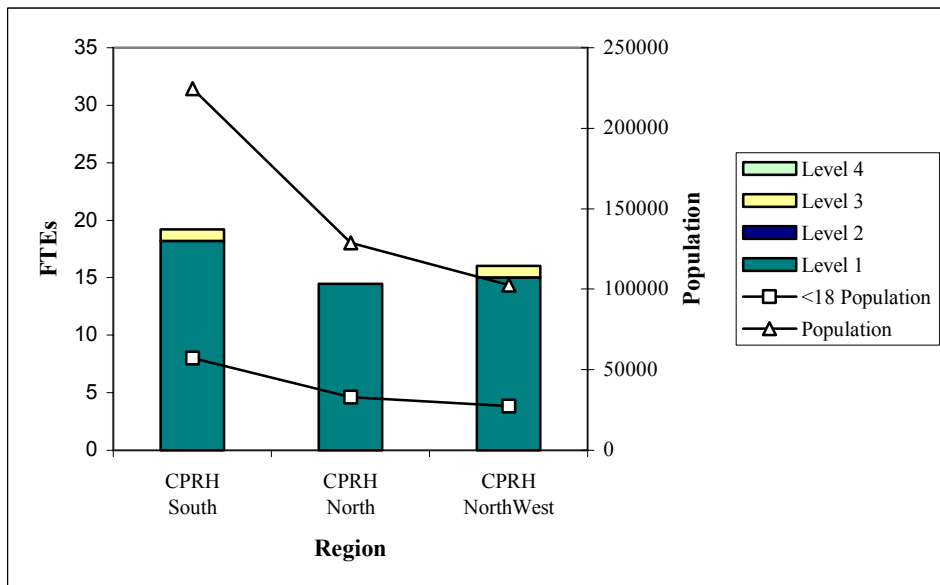
Figure 2: Dental therapy headcount per award classification across DHHS



Source: Human Resource Services Information System 21 March 2002

Figure 3 displays the supply of 49.67 FTE dental therapists together with the populations of the three regions of Tasmania and also those who are under 18 years of age (the current client age group for dental therapists).

Figure 3: Dental therapy FTEs per award classification in the CPRH compared to Tasmanian regional populations in 2001



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

Table 1 shows the numbers of DHHS dental therapists at the various award levels.

Table 1: Breakdown of the numbers of DHHS dental therapist FTE positions at specific award levels

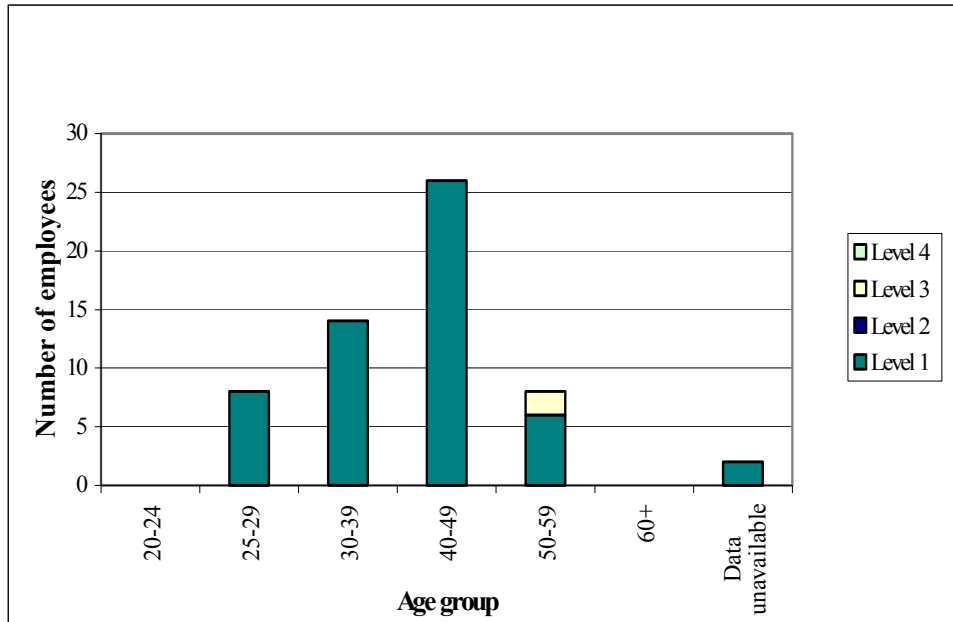
Award levels	PF1	PF2	PF3	PF4	DHHS total
FTE dental therapist positions	47.67 FTEs	0.00 FTEs	2.00 FTEs	0.00 FTEs	49.67 FTEs

Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

The age distribution of the Tasmanian dental therapy workforce peaked in the 40 to 49 years age group, as shown in Figure 4. This was an older workforce when compared to the Australian dental therapy workforce (analysed in 1996) which peaked in the 35 to 39 years age group (AIHW 1997). However with the passage of six years, the Australian dental therapy workforce may also now peak in the 40 to 49 years age group.

The average age of the Tasmanian dental therapy workforce was 40.2 years, which was the same as the average age of all DHHS allied health professionals. The median age of the Tasmanian dental therapy workforce was 42 years, which was the same as the median age of all DHHS allied health professionals.

Figure 4: Dental therapy workforce per age group and award classification

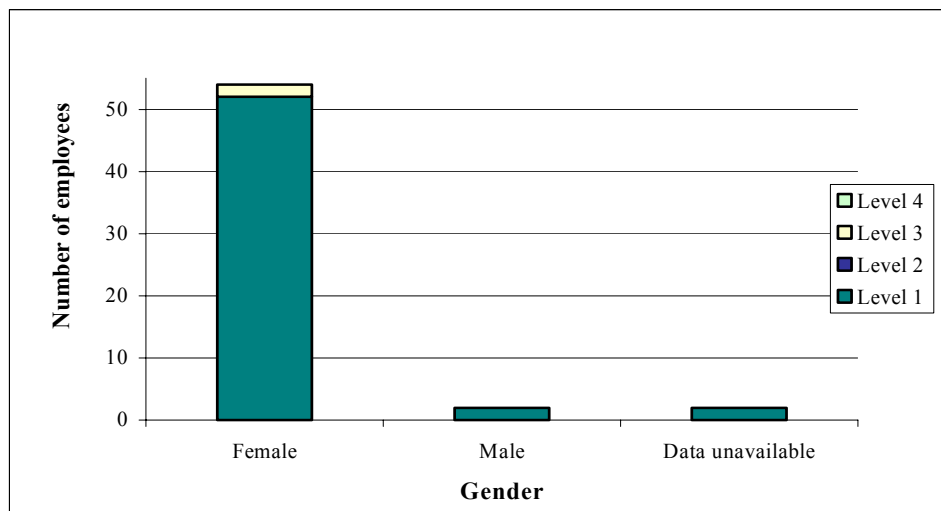


Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions)

There were two males employed in the DHHS dental therapy workforce. The Tasmanian rate of males practising dental therapy (3.6 per cent) is twice the national average rate of males practising dental therapy (1.9 per cent) as reported in the AIHW Dental Statistics and Research Unit Newsletter in 1999.

Figure 5 displays the distribution of female and males across the two award levels.

Figure 5: Dental therapy workforce per gender and award classification



Source: Human Resource Services Information System 21 March 2002 (filled and vacant positions)

6.1.1.2 DHHS staff survey data

Of the 58 dental therapists employed, 32 completed a survey form; resulting in a 55 per cent response rate. Due to the low response rate, only responses to some of the questions, which were validated by information received in other consultations, were used to describe the supply of dental therapists later in this report.

6.1.1.3 Other consultations

Representatives from the Australian Dental Therapy Association stated that there was a restricted career path in DHHS with only two PF3 positions, one of which is temporary and has been acted in for a period in excess of five years.

6.1.2 Changes in dental therapy numbers

In 1998, nine dental therapists were made redundant or resigned. This was due to DHHS budgetary constraints not a decreasing workforce demand. Since then there have been shortages and DHHS is currently paying for four dental therapists to undertake re-entry courses in Victoria.

6.1.2.1 Vacancies

Until recently, there were limited vacancies for dental therapists in Tasmania. However, according to DHHS Human Resources Information System, there were 4 dental therapy positions vacant for six months in the

period from 1 July 2001 to 1 January 2002. Table 2 shows the number of dental therapy positions vacant per award classification and region. The number in the brackets indicates the number of FTEs.

Table 2: Dental therapy positions vacant for at least six months between 1 July 2001 and 1 January 2002

Region	Level 1	Level 3
South	1 positions (0.12 FTEs)	
North-West	3 positions (3.38 FTEs)	

Source: Human Resource Services Information System 21 March 2002

6.1.3 Types of work and client groups

Under the Tasmanian Dental Practitioners Registration Act 2001, dental therapists can provide care 'within the scope of their training, acquired skills and competencies' as provided for by the Act and the Dental Code. Dental therapists can be employed in the public or private sectors and can work as independent practitioners in their own practices. They are not required to be under the direction of dentists, but are required to establish formal referral arrangements with dentists to refer clients on, if the client requires care beyond the skill levels of the dental therapist.

At present, DHHS dental therapists are employed to provide oral health care to all children from birth up to, but not including, the age of 18 in community clinics. Services are provided through clinics in the community, often attached to community health centres.

Table 3 compares the Szuster and Spencer and DHHS staff survey data in a further breakdown of areas of practice of the Tasmanian dental therapy workforce. Some DHHS staff were employed in other roles as well as their clinical practice roles. It must be noted that the Szuster and Spencer data was obtained before the redundancies and resignations of 1998.

Table 3: Comparison of two sets of data on areas of practice of the Tasmanian dental therapy workforce

Area of practice	Per cent of the Tasmanian dental therapy workforce (Szuster and Spencer 1997)	Per cent of respondents to the survey (DHHS staff survey 2001)
Clinical practice	78.1%	93.8%
Dental health promotion	2.0%	3.0% (part of workload)
Chairside assistance	0.1%	0.0%
Administration/management	10.2%	3.1%
Teaching/education	4.2%	6.25% (part of workload)
Research	0.3%	
Other (including project work)	5.1%	3.1% (part of workload)

Source: DHHS staff survey October 2001 and Szuster and Spencer 1997

6.1.4 The education of DHHS dental therapists

There are training institutions for dental therapists in Victoria, Queensland, South Australia and Western Australia. There is no undergraduate education for dental therapists in Tasmania.

Most dental therapy training in the 1990s was changed to a diploma qualification. Since 1997, the majority of DHHS dental therapists have upgraded their qualifications to diploma level and the DHHS sponsored some dental therapists to upgrade their qualifications through the University of Adelaide in 1996, 1997 and 1998.

Some states are considering discontinuing training in dental therapy and having a dual qualification in a Bachelor of Oral Health as dental therapists usually have a restricted scope of work. Additional training is needed for dental therapists to allow them to provide treatments to adults.

There are interstate re-entry programs for therapists who have been out of the workplace.

Tasmanian representatives of the professional association reported that there have not been any new graduates to the service for over four years. It was also stated that until 1998, the DHHS sponsored approximately five students a year to undertake dental therapy training on the mainland and guaranteed a DHHS position for students on completion of their course. This scheme ensured a steady supply of young dental therapists.

6.2 Projecting the workforce supply of dental therapists

Workforce supply is a balance between outgoing staff (retirees, those temporarily withdrawing from the workforce, emigrants or those who die or take up employment with other employers) and incoming staff (new graduates, immigrants, staff coming from other employment and staff increasing their hours of employment).

6.2.1 Outgoing staff

In the two years 2000 and 2001, a total of two dental therapists terminated their employment with the DHHS.

Applying this average to the 21 March 2002 headcount, the turnover rate of the DHHS dental therapy workforce was two per cent for 2000 and 2001. The turnover rate for dental therapists in those years was considered to be very low when compared to all other allied health professions.

In order to ascertain the possible future numbers of outgoing dental therapists, staff were asked a number of questions in the DHHS staff survey. Staff were asked:

- if the hours they worked were the hours they wanted to work
- if they anticipated a change in their work hours in the next three years and the reasons for this change
- if they were considering leaving the DHHS in the next six to twelve months, and if so, what were the reasons
- what were their levels of satisfaction for a number of professional practice parameters in the DHHS.

A number of dental therapists who indicated they were not working the hours they wanted to work, stated that they were doing a number of unpaid hours (ranging from one to ten hours per week); some wanted to upgrade their employment hours from part-time to full-time and some wanted to reduce their number of employment hours to part-time.

Of the 32 dental therapy respondents to the DHHS staff survey, eight (25 per cent) said that they would like to decrease their hours in the next three years. The reasons given were: 'personal health' (2 respondents), 'family commitments' (5 respondents) and 'lifestyle preference' (1 respondent).

One dental therapist indicated that they were considering leaving the DHHS employment in the next six to twelve months.

The other relevant outgoing information was that there were eight dental therapists aged over 50 years.

Table 4 provides information on staff levels of satisfaction with the various professional practice parameters.

Table 4 : Staff satisfaction with professional practice parameters in DHHS

Criteria measured	Per cent of respondents who were satisfied or very satisfied
Opportunity to use your abilities	81%
Sufficient work to maintain competence	93%
Hours of work	71%
Amount of work	53%
Overall satisfaction with your practice	43%

Source: DHHS staff survey October 2001

There was a low rate of overall satisfaction with practice compared with the response rates of other allied health professions. A further breakdown of responses to this question is displayed in Table 5.

Table 5: Breakdown of responses to 'overall satisfaction with your practice' question on the DHHS staff survey

Taking everything into consideration, how satisfied are you with your practice	Per cent of respondents who were satisfied or very satisfied
Very dissatisfied	0 %
Dissatisfied	25 %
Neither dissatisfied or satisfied	25 %
Satisfied	40 %
Very satisfied	9 %
Data unavailable	0 %
TOTAL	100 %

Source: DHHS staff survey October 2001

In the section in the DHHS staff survey following questions about satisfaction with practice, staff were asked to specify other issues of importance. The dental therapy comments to this section were around issues such as inadequate equipment and facilities, low staff to patient ratios, lack of dental assistants and the need for more time for CPD activities.

6.2.2 Incoming staff

In the years 2000 and 2001, there was one (full time, temporary or casual) dental therapy position advertised. It is not known if this advertisement was successful.

7 Workforce demand

7.1 Current demand for dental therapists

7.1.1 Perceived dental therapy service gaps

No data was collected on the needs for dental therapy services directly from the community or other health providers and no information about perceived service gaps was received through the project consultation processes.

7.1.2 Patterns of usage

7.1.2.1 Profession to population ratios

Dental therapists to population ratios across Australia were available, however comparisons were not useful as service usage varies with the different policies of the states and territories (Szuster and Spencer 1997). Dental therapists are employed in the public sector in all states and territories, except in Western Australia where they are also employed in the private sector.

7.1.2.2 Staff workload assessments

The DHHS staff survey asked dental therapists if they considered their current workload was about right, too much or too little. Of the 32 dental therapy respondents:

- 20 (62 per cent) stated that their workload was too much
- 11 (34 per cent) stated that their workload was about right.

7.1.3 Oral health status of Tasmanians

The number of decayed permanent teeth, teeth missing due to decay and filled teeth in Tasmanian children increases with age, so that at age 12 years, Tasmanian children, along with those in Victoria, have the poorest oral health status of all Australian states and territories (Armfield, Roberts-Thompson and Spencer 2001).

The Carter and Stewart National Dental Telephone survey undertaken in 1999 reported that Tasmania adults had the highest levels of the loss of all natural teeth; amongst people with their own teeth, the highest average number of missing teeth; and the greatest use of dentures (the rates of all these measures increased with the age of the population) in Australia.

7.2 Projecting the future demand for dental therapists

The Commonwealth Governments JobSearch web site (2002) provides the following information:

"Job prospects for dental therapists, technicians and hygienists are average.

Employment growth for dental therapists, technicians and hygienists to 2007-08 is expected to be slight. Employment in this small occupation (4,600 in February 2002) fell slightly in the past ten years, with steady employment in the past five years.

Dental therapists and technicians and hygienists have a below average proportion of full-time jobs (69 per cent) and earnings are above average - in the seventh decile. Unemployment for dental therapists and technicians and hygienists is low.

Dental therapists, technicians and hygienists are employed in medical and dental services, photographic and scientific equipment manufacturing, and machinery and equipment wholesaling. The industries employing dental

therapists, technicians and hygienists have below average employment growth prospects.

The vacancy level for dental therapists and technicians and hygienists is average. Vacancies arising from job changing (dental therapists and technicians and hygienists changing employers) are expected to provide 37 per cent of vacancies, compared with 61 per cent from job openings (dental therapists and technicians and hygienists leaving the occupation) and 2 per cent from new jobs (employment growth for dental therapists and technicians and hygienists)".

7.2.1 Perceived drivers of dental therapy services in DHHS

No information on the drivers of the national dental therapy workforce were found. However, the DHHS staff survey asked what staff considered to be the drivers for their services. The majority of dental therapy respondents to the DHHS staff survey perceived that the factors likely to increase the future size of the dental therapy workforce were:

- requirements for safer procedural practice
- multi-disciplinary team provision
- the need for improved geographical distribution of the profession
- reforms to increase efficiency
- growth in consumer demand.

The majority of dental therapy respondents perceived that cost containment would decrease the future size of their workforce.

7.2.2 Numbers of children in Tasmania

The DHHS dental therapy workforce at present provides services to children from birth up to, and not including, the age of 18 years. This age group is predicted to decline by approximately three per cent by 2011 and this may impact on the requirements for dental therapists if they continue to be employed in their current role (Series B ABS Population Projections Tasmania 3222.6).

7.2.3 Shortages of dentists

There is an Australia wide shortage of dentists in both the public and private sectors and especially in rural areas. The numbers of dentists across Australia are predicted to continue to decline from the current level of 43 per 100,000 population to 33 per 100,000 in 2021 (Dental Statistics and Research Unit 2002).

There are also extreme shortages in Tasmania. Tasmania has the lowest rates of dentists per 100,000 in Australia (AIHW 2001) and this could have an impact on the DHHS dental therapist workforce in terms of:

- a possible expansion of the dental therapist role in the public sector to provide care for adults
- the movement of public sector dental therapists into the private sector to provide oral health care, especially in rural areas

- referral onto dentists of patients who require care outside the scope of the dental therapist's qualifications. Frequently there is difficulty in organising this oral care by a dentist in the recommended time frame.

7.2.4 Government directions

The Senate Community Affairs Committee inquiry into public dental services (Commonwealth 1999) recommended the targeting and funding of oral health services for specific disadvantaged groups, such as the home-bound and rural and remote communities. Implementation of this recommendation may create a sudden workforce demand for dental therapists.

8 Workforce planning issues for DHHS dental therapists identified in consultations

8.1 Staff to workload ratios

There appeared to be inconsistencies in the staff to workload ratios of dental therapists across the state. Currently there is no electronic system used to capture data on the workloads of dental therapists. Electronic data entry of staff activity and patient care data could assist with the analysis and management of staff workloads and internal and external benchmarking.

8.2 Expansion of the functions of dental therapists

The functions of DHHS employed dental therapists could be expanded to include the provision of care to adults and dental therapists could undertake employment in the private sector. Both these role expansions may increase the demand on the dental therapy workforce.

Further education of the dental therapists would be required for them to undertake the oral health care of adults. The DHHS and the University of Tasmania Department of Rural Health have received a National Health and Medical Research Council grant to evaluate a trial of dental therapists treating adults in the public sector.

Public sector dental therapists could also take up employment in the private sector, which could result in further DHHS shortages and poorer oral health for those who experience socio-economic disadvantage.

8.3 Non-practicing dental therapists

Since 1 April 2002, dental therapists have been required to register with the Dental Registration Board of Tasmania. There is now the opportunity to obtain a list of non-practicing, but registered dental therapists. Reasons for non-practice and the need for re-entry education could be ascertained.

8.4 Dental assistants

Until recently, dental therapists in DHHS were the only therapists in Australia expected to work without an assistant. Representatives of the Australian Dental Therapy Association felt that this was a great safety and

quality concern. This issue has been acknowledged by the DHHS and there are developments underway to remedy the situation.

8.5 Staff satisfaction with DHHS employment

Information on staff satisfaction with employment with the DHHS was sought through focus groups. A total of four dental therapists, two from the southern region and two from the northern region attended the focus groups. A summary of the information obtained is in Table 6. This information was also supported by information obtained through the DHHS staff survey and consultations with the professional association.

Table 6: Summary of information obtained from dental therapists at the focus groups

Positive attributes of employment in DHHS	Aspirations	Negative attributes of employment in DHHS	Constraints
<ul style="list-style-type: none"> • Quality care for clients • Some improved facilities • Teamwork 	<ul style="list-style-type: none"> • Professional support and recognition 	<ul style="list-style-type: none"> • Poor facilities (north and south) • Reactive case work and lack of primary health care approaches • Lack of resources for effective change • Lack of CPD 	<ul style="list-style-type: none"> • Matching resources with demand
<p>Regional variations Consistent between north and south</p>			

Source: DHHS staff focus group December 2001

8.6 Professional development to retain and strengthen a quality workforce

Representatives of the Tasmanian Dental Therapists Association, which has 80 per cent of Tasmanian dental therapists as members, stated that there were opportunities to attend conferences and seminars through the Association.

Involvement in CPD programs is not required for registration or membership of the professional body.

From information obtained during the project, it appears that the availability and distribution of CPD for dental therapists was an issue that needs to be addressed by the DHHS.

The DHHS staff survey asked staff if regular CPD was offered through their employment. Of the respondents, 22 per cent said that it was offered (and the number of hours offered varied) and 75 per cent said that it was not offered. There was no pattern in the availability of CPD across the

state. There was no performance review and development process in place to identify CPD needs. Managers of dental therapists stated that CPD was needed in non-clinical as well as clinical areas of dental therapy.

Seven of the DHHS staff survey respondents stated that they applied for funding to attend conferences in the last two years. All said that their application was successful and the proportion of funding received from DHHS varied between 20 to 100 per cent.

9 References

Armfield JM, Roberts-Thompson KF and Spencer AJ, 2001, *The Child Dental Health Survey Australia 1998*, AIHW Cat. no. DEN 88. Adelaide: Adelaide University (AIHW Dental Statistics and Research Series no. 24.). <http://www.adelaide.edu.au/socprev-dent/dsru/pub_frame.html>.

Australian Bureau of Statistics, 2000, *Population Projections, Tasmania, 1999 to 2021, ABS Catalogue # 3222.6*.

Australian Institute of Health and Welfare Dental Statistics and Research Unit Newsletter, August 1999, *Dental Therapist Labour Force 1997*, vol. X, no. 2.

This report gives a full breakdown of the Australian workforce. Another collection was done in 2000.

Australian Institute of Health and Welfare, 2001. *Health and community services labour force 1996*, AIHW cat. no. HWL 19. Canberra: AIHW (National Health Labour Force Series no. 19)

This publication was compiled from ABS Census of Population and Housing 1996 data.

Carter KD and Stewart JF, 2002, *National Dental Telephone Interview Survey 1999*, AIHW Cat. no. DEN 109. Adelaide: AIHW Dental Statistics and Research Unit.

<http://www.adelaide.edu.au/socprev-dent/dsru/pub_frame.html>.

Commonwealth Department of Education, Science and Training, Good job guide, viewed 2 March 2002,

<<http://jobguide.thegoodguides.com.au/search.cfm>>.

Commonwealth Department of Employment and Workplace Relations, JobSearch web site, viewed 3 October 2002,

<http://jobsearch.gov.au/joboutlook/JobProspects.asp?ASCOCODE=3492>

Commonwealth Government response to the Senate Community Affairs Reference Committee inquiry into public dental services, February 1999,

<<http://www.apf.gov.au/Senate/index.htm>>.

Dental Practitioners Registration Act, 2001, viewed 3 July 2002,

<<http://www.thelaw.tas.gov.au/>>.

Dental Statistics and Research Unit, AIHW viewed 8 July, 2002,

<http://www.adelaide.edu.au/socprev-dent/dsru/data_frame.html>.

Szuster FSP and Spencer AJ, 1997, *Dental therapist labourforce Australia 1996*, Australian Institute of Health and Welfare Dental Statistics and Research Series no. 13, The University of Adelaide, Adelaide.